Maricopa County Phoenix EMA Planning Council
Planning Council Minutes

4041 N. Central Avenue, Phoenix, AZ 8501

Planning Council Support Office: (888) 235-1653 Fax: (888) 894.2674

MINUTES
Planning Council
Tuesday, April 27, 2021 ZOOM
TELECONFERENCING

Planning Council Members		Planning Council Members		Recipient Staff		Guests
☎ Steve Gallardo	A	☎ Chuck Albrecht	P	☎ Carmen Batista	P	Rose Conner
☎ Phyllis Coprich	P	☎ Eric Eason	P	☎ Jeremy Hyvarinen	P	Izzy Ortega
☎ Dan Lindell	P	☎ Deborah Elliot	P	☎ Chantie Coleman	A	Hanna Throssell
☎ Duvia Lozano *Alternate:* Daniel Iniguez	- P	☎ Eric Moore	P	☎ Karina Tello-Medina	P	Colette Kruse
☎ Rocko Cook	P -	☎ Merlin Gross	A	☎ Lisa Espinosa	P	John Sapero
☎ Erica TeKampe *Alternate:* Philip Seeger	P -	☎ Randall Furrow	P	☎ Alaina Rinne	P	Carmen Terrell
☎ Ricardo Fernandez *Alternate:* Jimmy Borders	P P	☎ Deborah Reardon-Maynard	P	☎ Phyllis Hardy	A	Cheryl Moats
☎ Raulina Ashukem	P	☎ Chuck Peterson	P	☎ Max Porter	A	Vonda Chisholm
☎ Taylor Kirkman *Alternate:* Christie Blanda	P P	☎ Meg Kramer	P			Chuck Peterson
☎ Maclovia Little Rabbit Morales	A					Zami Hyemingway
☎ Anthony Holscher	P					
P = Present **EX = Excused Absence** **A = Absent** **☎ = Phone/Zoom**						
Support Staff: Thomas Rodriguez-Schucker and Michael Koran						

Call to order	Randall Furrow, called the meeting to order at 2:35 pm
Determination of Quorum	17 of 20 members present at 2:45 pm **QUORUM ESTABLISHED**
Welcome and Introductions	The Chair welcomed Planning Council members and guests. The Chair asked everyone to announce their name and for Planning Council members to declare any conflicts of interest for the record.
Approval of the Minutes from February 23, 2021	A motion to approve the February 23, 2021 minutes as amended was made by E. Tekampe and 2nd by E. Eason; The agenda was approved by unanimous vote.

Business Item	Discussion / Motion	Action
Chair Update	We have two Save the Dates for upcoming meetings coming up that we would like members to add to their calendars. A special allocations workgroup meeting was scheduled for May 5 from Noon-1pm. A special Planning Council meeting was scheduled for June 1 at Noon. Information will be sent out to all members regarding these upcoming meetings. We have a few vacancies that we are looking for that we would like to fill. Eric Eason has nominated himself as a member for the Executive Committee. This position was a self-nomination for a community member of the Executive Committee. As this position is self-nominated there is no need for a second. Chuck Albrecht has nominated Duvia Lozano for the position of Vice-Chair. Randall Furrow read a message from Duvia regarding her nomination for the position. Debby Elliott requested that the qualifications for the Vice-Chair position be read to the Planning Council. Planning Council Support pulled up the qualifications listed in the By-Laws and they were read for the council.	**Motion to approve Eric Eason as member of the Executive Committee and Duvia Lozano as Vice-Chair of the Planning Council by Roll Call vote.** **Motion:** D. Iniguez **Second:** A. Holscher **In Favor:** P. Coprich, D. Lindell, D. Iniguez, R. Cook, E. Tekampe, R. Fernandez, T. Kirkman, A. Holsher, C. Albrecht, E. Eason, D. Elliot, R. Furrow, D. Reardon-Maynard, C. Peterson, M. Kramer **In Opposition:** None **Abstentions:** None **Roll Call Vote For Duvia Lozano as Vice Chair** **In Favor:** P. Coprich- For D. Lindell- For D. Iniguez- For R. Cook- For

		E. Tekampe- For
		R. Fernandez- For
		T. Kirkman- For
		A. Holsher- For
		C. Albrecht- For
		E. Eason- For
		D. Elliot- For
		R. Furrow- Abstain
		D. Reardon-Maynard- Abstain
		C. Peterson- For
		M. Kramer- For
		Roll Call Vote For Eric Eason as Executive Committee Community Member **In Favor:** P. Coprich-For D. Lindell-For D. Iniguez-For R. Cook-For

		E. Tekampe-For
		R. Fernandez-For
		T. Kirkman-For
		A. Holsher-For
		C. Albrecht-For
		E. Eason-For
		D. Elliot-For
		R. Furrow-Abstain
		D. Reardon-Maynard-Abstain
		C. Peterson-For
		M. Kramer-For

Business Item	Discussion / Motion	Action
RWHAP Part A Recipient's Office Update	Carmen from the recipient's office gave the report. Received the grant award for $9,751,876.00. This is a slight decrease from last year. Per included report - sending back $675,575 and requesting a carryover of $399,351. Estimate returning $276,224 to HRSA. We are working on the budgets for Part A and Ending the Epidemic year 2 funding. The Recipient's office has requested an Allocations Work Group in May to work through the Scenario planning framework: • What are 1-3 ways this year could unfold? • Key implications for each scenario? (budgets/operational/etc.) • How will we know what scenario we are in? • What is the likelihood of each scenario happening? • Requested from CR an agenda for this meeting. There will need to be a special Planning Council meeting in June to approve the report from the Allocations Workgroup and the Planning Council will need to review and vote on Final allocations for the 2021-2022 grant year. The Recipient's office shared the grant score with the Executive Committee. We received a 96 and will share this with the full planning council tomorrow. A special allocations workgroup meeting was scheduled for May 5 from Noon-1pm. A special Planning Council meeting was scheduled for June 1 at Noon.	

Review Part A Expenditure Reports by Service Category	The Recipient's Office reviewed the Expenditure Report that was included in the Meeting Packet.	
Review Reallocation Requests from the Recipient's Office	There will be an Allocation meeting that was scheduled for May 5 from Noon-1pm. A special Planning Council meeting was scheduled for June 1 at Noon.	Discussion Only. No Action

Business Item	Discussion / Motion	Action
TEAM Committee Update	Welcome 4 new members who have been appointed by the BOS | Meghan Kramer	Community Member
Casey Johnson	Community Member
Rodney Lofton	Terros Health -Provider
Chuck Peterson	Southwest Center - Provider | **Members Recommended By TEAM** | Carmen Terrell	Community Member
Isabel Ortega	Native Health - Provider
Cynthia Quinn	Recently Incarcerated Population | • Recommendations for Change in Roster | Chuck Peterson - from SWC Alternate to Primary
Rocko Cook - To Community Member | • Resignations for Approval | Maclovia Little Rabbit Morales	Native Health - Provider
Cynthia Trottier	Community Member
Shane Sangster	
Storm Salazar	Community Member | With all the new members Randall brought up the need to provide Mentors to the new members. Chuck agreed and said he would follow up with members who said they were willing to become mentors during the PC survey.	**Motion to Approve the Members that were Recommended by the TEAM Committee, to accept the changes to the roster, and to accept the resignations.** **Motion:** M. Kramer **Second:** A. Holscher **In Favor:** P. Coprich, D. Lindell, D. Iniguez, R. Cook, E. Tekampe, R. Fernandez, T. Kirkman, A. Holsher, C. Albrecht, E. Eason, D. Elliot, R. Furrow, D. Reardon-Maynard, C. Peterson, M. Kramer **In Opposition:** None **Abstentions:** None

Business Item	Discussion / Motion	Action
CHPS Committee Update	Rose Conner and Debby Elliott gave a report on the Housing Workgroup.	Discussion Only. No Action
STaR Committee Update	Eric Moore presented the Standards of Care the have been reviewed by the STaR Committee. We reviewed the Mental Health, Substance Abuse Outpatient Care, Psychosocial Support Services, Non-Medical Case Management, and Outpatient Ambulatory Health Services. Edits were requested from the Planning Council and made to the Standards. The motion was made to approve all of the standards as a slate. The motion was passed unanimously.	**Motion to Approve the updates to the Standards as presented by the STaR Committee.** **Motion:** E. Eason **Second:** D. Elliott **In Favor:** P. Coprich, D. Lindell, D. Iniguez, R. Cook, E. Tekampe, R. Fernandez, T. Kirkman, A. Holsher, C. Albrecht, E. Eason, D. Elliot, R. Furrow, D. Reardon-Maynard, C. Peterson, M. Kramer **In Opposition:** None **Abstentions:** None
Ryan White Part B/ADAP Report.	No Report at this time.	Discussion Only. No Action
Ryan White Part C Report.	No Report at this time.	Discussion Only. No Action
Ryan White Part D Report.	No Report at this time.	Discussion Only. No Action

Ending the HIV Epidemic Report	Lisa Espinosa 1. RFP was placed for Psychosocial services - Newly Diagnosed University will be implemented in Year 2 2. Development of a Resource Guide for distributions - Community Engagement group and stakeholders with additions to the guide. 3. Health Educator Position – Pre- Screening Interviews have been completed - Final interviews are scheduled for next week. Position should be filled by end of May 4. Kaizen Out of Care Group will be implemented for Year 2. 5. Community Health Worker Program should be kicking off by June 2021 - Recruitment will begin 30 days prior to start date. - THE date is to be determined- CHW Program has met with all 90% of the RWPA partners 6. PLWH Educational Event - Working with Planning Council to coordinate this event 7. Media Campaign - Positivity You for Youth has selected the final concept U=U How low can you go is in the drafting stages - Held 2 community engagement groups 8. Capacity building for local Speakers Bureau - Partnered with Valleywise	Discussion Only. No Action
Leadership Academy Update	There is another Leadership Academy scheduled for June 5 and June 19, 2021. The flier for this is included in the packet.	**Motion to extend the meeting by fifteen minutes.** **Motion:** C. Albrecht **Second:** E. Tekampe **In Favor:** P. Coprich, D. Lindell, D. Iniguez, R. Cook, E. Tekampe, R. Fernandez, T. Kirkman, A. Holsher, C. Albrecht, E. Eason, D. Elliot, R. Furrow, D. Reardon-Maynard, C. Peterson,

		M. Kramer **In Opposition:** None **Abstentions:** None
Arizona Annual Integrated HIV and HCV Symposium	The Symposium this year will be virtual on May 25th and 26th from 10:00am-2:30pm, with a contractor meeting on the 26th from 2:45-3:45pm for Ryan White Parts A and B and HIV Prevention(ADHS). The Registration link will be out this evening and will be sent to all members of the planning council.	
Parking Lot Items	None at this time.	Discussion Only. No Action
Current Event Summaries	None.	Discussion Only. No Action
Call to the Public	None.	

SCHEDULE OF NEXT MEETINGS

Wednesday	**May 5, 2021**	**12:00 p.m.**	**Reallocations Workgroup**	**VIA ZOOM**
Tuesday	May 18, 2021	10:00 a.m.	TEAM Committee	VIA ZOOM
Tuesday	May 18, 2021	12:00 p.m.	CHPS Committee	VIA ZOOM
Tuesday	May 18, 2021	2:30 p.m.	STaR Committee	VIA ZOOM
Tuesday	**June 1, 2021**	**12:00 p.m.**	**SPECIAL MEETING: Planning Council**	**VIA ZOOM**
Monday	June 28, 2021	12:30 p.m.	Executive Committee	VIA ZOOM
Tuesday	June 29, 2021	2:30 p.m.	Planning Council	VIA ZOOM
Tuesday	July 27, 2021	10:00 a.m.	TEAM Committee	VIA ZOOM
Tuesday	July 27, 2021	12:00 p.m.	CHPS Committee	VIA ZOOM
Tuesday	July 27, 2021	2:30 p.m.	STaR Committee	VIA ZOOM

Adjournment	**4:09 pm**

Signature: *Randall Furrow (Jul 16, 2021 12:29 PDT)*

Email: randallfurrow@aol.com

Jul 16, 2021

E. Documents for Review

To ensure the efficacy of the evaluation and efficiently utilize time during the VSV, most documents should be reviewed prior to the VSV; only a select certain other documents will be provided to the Reviewers at the time of the visit. The checklist below indicates the documents to be reviewed. (This list is non-exhaustive and other documents may be requested and reviewed.)

- ☑ Service Category Plan Table (Implementation Plan) *provided by Project Officer*
- ☑ CLC *provided by Project Officer*

- ❑ Copies of all presentations to Review Team*
- ❑ AA Contract with Recipient, if the AA is a different organization
- ❑ Organization Chart(s) RWHAP Part A program and municipality with names
- ❑ RWHAP Part A Policies and Procedures manuals
- ❑ EMA/TGA RWHAP Part A Policy Manuals
- ❑ Recipient/AA personnel manual (can provide a link if available)
- ❑ Staffing Lists
- ❑ Recruitment and Retention Plan
- ❑ Staff Training Needs Assessments
- ❑ Staff Continuing Education Schedule
- ❑ Staff Orientation Materials
- ❑ Staff Meeting Minutes
- ❑ Subrecipient/Provider Files
- ❑ Program Monitoring Manual
- ❑ Recipient/AA Grievance Procedures
- ❑ Recipient/AA Quality Management Plan
- ❑ Statewide Coordinated Statement of Need/State-Wide Integrated HIV Service Plan
- ❑ EMA/TGA Needs Assessments
- ❑ Comprehensive Plan/Integrated Prevention and Care Plan
- ❑ Service Standards

- ❑ Linkage Agreements/Memoranda of Understanding Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA)
- ❑ Recent Request for Proposals
  - ❑ Pre-application Technical Assistance (TA) Announcement
  - ❑ Pre-application TA Questions
  - ❑ Objective Review Committee procedures
  - ❑ Reviewer Conflict of Interest Forms
  - ❑ Reviewer Confidentiality Statements
- ❑ National Monitoring Standard Part A and the Recipient Implementation Protocol, including Recipient/AA monitoring policies and procedures, site visit protocol and tool if available.
- ❑ Subrecipient/Provider Manual (can provide a link if available)
- ❑ Subrecipient /Provider Meeting Agendas and Minutes
- ❑ Subrecipient/Provider Reports
- ❑ Subrecipient/Provider Monitoring Reports, including site visit schedules and Corrective Action Plans (CAP)
- ❑ Recipient/AA Evaluations
- ❑ Unmet Need Documents
- ❑ Documents related to Early Identification of Individuals Living with HIV/AIDS (EIIHA)

Planning Council (PC) Documents:

- ❑ By-Laws
- ❑ PC and Office of Support policies/procedures
- ❑ PC and Recipient /MOU (if applicable)
- ❑ Current Organization Chart
- ❑ Current Membership Rosters with Affiliations/reflectiveness
- ❑ Signed Confidentiality Statements for Members
- ❑ Signed Conflict of Interest Statements for Members
- ❑ PC appointment letters signed by the jurisdiction's CEO
- ❑ Orientation/Training Materials for PC Members
- ❑ Meeting Schedule
- ❑ Planning Council Minutes

- ❑ Current Committee Rosters
- ❑ Committee Minutes to include:
  - ❑ Quality Management Committee and Quality Indicator Task Force Meetings Minutes
  - ❑ Service Standards (Standards of Care) Committee Minutes
  - ❑ Finance Committee Meeting Minutes
- ❑ PC Grievance Procedures
- ❑ PC Quality Management Plan
- ❑ Priority Setting Resource Allocation Plan/Policies/Procedures
- ❑ Priority Setting and Resource Allocation Plan (PSRA)
- ❑ Reallocation and rapid reallocation policy/procedure
- ❑ Tool/Questionnaire for Evaluating the Administrative Mechanism; Reports and Responses (previous year)
- ❑ Client Feedback Tools

Section H: Chief Elected Official (CEO) Agreements & Assurances

(2) Client Involvement

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
Client Involvement	Any best practice documents including SPNS, PC/Planning Body expectations for client involvement. Planning group minutes. Focus group invitation and/or write-up(s). Client orientation plan. Jurisdiction training plan. Client calendar. Any SOPs regarding client invovlement. Outreach materials.	What guidelines has the Recipient/AA given to providers regarding client involvement (i.e. client advisory boards/committees, focus groups, satisfaction surveys, etc.)? How does the Recipient/AA verify that client involvement is a part of provider programs? Have any client grievances been filed with the Recipient/AA against providers in the past year? Summarize any trends seen. Describe the process for filing/responding to grievances. What resources are available to train clients? How does the Recipient elicit client involvement in the CQM program?	Evidence of Recipient guidance to Subrecipient on expected model of client involvement Program monitoring guidelines outline the process to verify client involvement Documentation of grievance, response and resolution Written grievance process monitored by the Recipient PC Workplan	Universal Stds, Section A PHS Act 2602(b)(4) Part A Manual	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

Notes/Comments on Section H(2)—CEO Agreements & Asurances—Client Involvement
Strengths: **Challenges:**

Section H: Chief Elected Official (CEO) Agreements & Assurances

(3) Planning Council—Legislative Responsibilities

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
Planning Council Support – Staffing	Contract for PC Support, if applicable. PC Support Budget PC Support Standard Operating Procedures MOU/MOA with Recipient	Verify who provides the PC support. Who directs work of PC Support? Who supervises PC Support staff? Who provides the administrative oversight for the PC staff? What process is in place for PC members to communicate with PC staff?	Training topics and attendance. The PC has sufficient staff support to carry out legislatively - mandated responsibilities. The PC directs the work of PC support staff/activities. The budget is sufficient to support reasonable and	Legislation Section PC Support Part A Manual, Sec.X, Ch. 3 Fiscal Stds, Sections A, E, L Program Stds, Section H	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
	Training Plan & orientation materials for PC support staff. Session topics and records. View announcements and recruitment & retention plan.	What process is in place for PC staff to communicate with Recipient staff? What are the lines of authority between PC members and PC staff? What are the lines of authority between PC staff and Recipient staff? What are the lines of authority between the PC staff and the Recipient/AA staff, if they are not also the Recipient? Are all PC staff positions filled? If not, how long have they been vacant? If there are vacancies, what steps are being taken to fill them? Is there a training plan for PC staff?	necessary activities including both legislative functions and costs that support multiple functions, such as participation of client members of the PC, publicizing the PC activities for people with HIV, and implementing PC grievance procedures. There are clear, functioning lines of authority and communications. The relationship between PC support staff and the Recipient is clearly defined and mutually understood. PC support staff serves an appropriate and effective liaison role between the PC and the Recipient. PC support staff has an in-depth knowledge of the PC and standing committee responsibilities and related legislative requirements.	NOFO PC Letter of Assurance RWHAP 2602.b.1.	

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
Planning Council (PC) Operations	PC Bylaws PC Organization Structure PC, Committee Responsibilit-ies, Operating Procedures MOU/MOA PC Budget PC Minutes Annual PC Workplan Most recent Needs Assessment Comprehensive Plan (Plan) and updates Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN) Unmet Need data; plan for addressing unmet need Current PSRA plan	When were the PC Bylaws last updated? Do they reflect the current PCstructure and functions, including the most recently authorized RWHAP Legislation? How does the Comprehensive Plan or Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), highlight and address severe need? Does the plan identify social determinants of health and how supportive services will assist in access and maintenance in care? Does the plan highlight special populations (e.g., Minorities, MSM, Youth, women, rural/remote)? Describe the EMA/TGA plan for addressing unmet need, and any successes or challenges?	PC Bylaws are current, complete, contain all required components and reflect the current PC structure, committeeresponsibilities, and define members' roles and responsibilities. The PC has an establishsed PSRA procedures, including control of conflicts of interest. There is active and meaningful participation by client members. The PC has a sound decision making process. The PC maintains documentation to demonstrate its funding related decisions. Needs Assessment is consistent with HRSA requirements. Documentation of how the PC uses Recipient reporting in re-allocation decisions.	RWHAP 2602 2602.b.5. 2604.b.4.E 2602.b.7.B. Part A Manual, Sec. X, Ch.3-5, Ch. 7-9 Sec. XI, XII PC Primer	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
	PC Operating Policies & Procedures, including Conflict of Interest Disclosure forms	Is the needs assessment current? When was it last updated?	PSRA Plan is responsive to identified need.		
	Materials used for PRSA	Is the priority setting plan or procedures current?	The PC/PSRA Committee clearly understands and maintains the separation between its own roles and the procurement and contract monitoring resonsibilities of the Recipient.		
	Most recent Assessment of Administrative Mechanism (AAM).	Are the priority areas consistent with the needs assessment?			
	Recipient response to AAM.	How were service gaps and unmet need identified?	The PC has a formal process to communicate allocations and re-allocations decisions, and directives to the Recipient. There is appropriate feedback to the PC from the Recipient.		
	AAM procedures, relevant documents	Have there been problems prioritizing service delivery areas? Have there been any changes within the last year? Are there any significant changes anticipated for the next year?			
			The PC regularly reviews service utilization and client level data that show how funds are being expended in the EMA/TGA.		
		How does the PC compare program and fiscal data to its planning and allocation objectives?			
		Describe the allocations and the reallocations processes. Who participates in this process?	PC Support staff work with the Recipient to ensure that the Committee has the information needed for developing its		

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		Are conflict of interest provisions adequate, in relation to the allocation process? How are PC decisions conveyed to the Recipient? How are funding related decisions (allocations *and* re-allocations) communicated? How are directives communicated to the Recipient? Are these processes formal? Is there feedback from the Recipient? How are reallocation decisions tied back to PSRA process? What is the process for soring and making accessible PC and Committee Minutes? Are minutes reviewed and certified by the PC Chair(s)? What process is in place for the AAM?	recommendations for reallocations. The PC budget include funding for training and orientation of members. Detailed PC & Committee meeting Minutes are kept, and accuracy is certified by Chair(s). Minutes reflect use of regulations in planning and decision-making. Correspondence reflects actions or intent that includes citations. Work plan for PC and sub-committees includes data gathering and analysis.		

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		Is there evidence of the AAM following the directives of the PC with regard to procurement? Is there a training & orientation plan for new PC members? If yes, review plan.			
PC Grievance Procedures	PC Bylaws PC Grievance Procedures Documentation related to any PC Grievance(s), if applicable.	Does the PC have formal, written and approved grievance procedures? Does HRSA have on file most recent set of PC Grievance Procedures? Do PC members & providers receive a copy of the PC grievance procedures? Does the PC grievance procedure specify: Who can file a grievance? What types of grievances are accepted? The process for filing and responding to grievances. What documentation is maintained of the grievance	PC has grievance procedures approved by HRSA. HRSA has a copy of the most recent approved greievance procedures for the PC. PC has adequate policies and procedures to deal with grievances.	RWHAP 2602.b.6. 2602.c.1-2. Part A Manual, Sec. X, Ch.7 Sec. IX, Ch.4.D Part A Program Assurances (signed by CEO)	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		process and resulting actions? Have any grievances been filed against the planning council in the past year(s)? Summarize any trends.			
PC Training and Orientation	PC Training and Orientation Plan, Materials PC Workplan PC Budget PC Minutes Grant application, & most recent PC letter of assurance	Is there an ongoing Planning Council Training Plan? How often are trainings held, and what were the most recent topics? Do members understand their mandated roles and responsibility enough to participate meaningfully in the process? Review the last training agenda to see the date and the subject matter.	The PC has an established training and orientation for new PC members, and ongoing training for all PC members. The PC support budget includes funding necessary to accomplish this requirement.	RWHAP 2602 Part A Manual, Sec X Sec. XI, Ch.8, 9	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
PC Membership	Planning ByLaws Application for PC Membership Nominations Process Membership Committee Minutes Recruitment Plan Representation and Reflectiveness /PC Roster documentation in Program Terms Report/Program Submission	Is the PC in compliance with the RWHAP legislative requirements for membership? Are there any categories of membership the PC has difficulty recruiting? Describe the PC recruitment plan/activities. Are recruitment activities ongoing? Who takes the lead?	Unaligned clients make up at least 33% of the PC membership. There is a clear definition of unaligned client member consistent with program legislation. There is a common understanding of the definition. The PC membership is reflective of the local demographics as a whole and of unaligned client members.	RWHAP 2602(b)(2) Sec. 2602.b.5.C. Part A Manual Policy Notices and Program Letters	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:
PC Meetings	PC By-Laws PC Meeting Notices PC Minutes PC and Committee Meeting Packets PC Manual Annual Workplan	Are open meetings being held? How is the community informed about PC meetings (e.g., radio, newspaper advertisements, public service announcements, web-sites)? How is PC information desiminated to the community?	Documents verify open meeting policy is in effect. Policy that defines community participation, distribution of minutes, annoucements etc. exists. PC Manual covers operational activities. PC operations are consistent with manual.	RWHAP 2602.b.7.B. 2602.b.2. 2602.b.5.C. Part A Manual, Policy Notices and Program Letters PC Primer	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		. Who maintains PC Minutes? Are PC Minutes posted online? How are community requests for copies of meeting minutes handled? Is the PC committee structure consistent with requirements? Confirm the calendar of PC committee meetings. Can PC and PC committee minutes be accessed by the community? If committees do not meet as required, what action is taken? How does the Recipient address directives from the PC?	PC Minutes document funding related and other decisions.		
PC Quality Management	Recipient Quality Management Plan PC Manual	What is the PC role in developing service standards?	The PC and Recipient have joint process for developing Service Standards	RWHAP Legislation Part A Manual,	☐ MET ☐ NOT MET

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
	Service Standards Committee minutes (related to Quality Management) Program Data, reports, presentations. Self-assessment documents.	When were the service standards last reviewed? Which service categories were reviewed? Describe the review process. Who conducted the review and what input was gathered from providers and clients? Do the service standards reflect nationally recognized HIV treatment guidelines, state and local regulations, and service delivery best practices? Are the current service standards appropriate to facilitate best outcomes across the continuum of care? How does the planning council ensure that Part A funded services are accessible to disproportion-ately impacted and minority communities? How is this assessed and verified?	There is evidence of efforts by the PC to assure the quality of Part A services Evidence of PC quality activities exist and available to PC members and staff.. There is evidence that the PC effectively uses CQM data as part of its decision-making process. The PC has assessed and established the CQM system The monitoring program elicits appropriate data to ensure that services are accessible to disproportionately impacted and minority communities	Sec. X , Ch. 10 Program Stds, Section G	☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		Does the Council use CQM data as part of its decision-making process? How is this done? Is the Council familiar with the HAB performance measures? Are any used? What self-assessment mechanism is in place to gather feedback from providers and clients on PC required functions?			
PC Technical Assistance (TA)	Recipient and PC TA records TA Reports (both HRSA and Reviewer provided) PC Budget	Is there a training/technical assistance/mentoring process for PC members to seek support beyond standard sessions? How are PC members' TA needs identified? How do the request and TA processes work? Who approves requests? Who provides the TA to PC members?	TA records indicate frequency, Recipients, type of TA provided. PC and committee minutes include TA discussions. PC staff are able to describe the TA need and process for providing TA.	Part A Manual RWHAP Legislation PC Primer	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

PROGRAM AREA	DOCUMENTS/ PROTOCOLS TO REVIEW	QUESTIONS	COMPLIANCE VALIDATION	AUTHORITY DOCUMENTS	COMMENTS
		Are there any TA requests pending? Has the PC received TA in any form in the last year? Do the PC members who participate and/or PC staff think that the TA received has been helpful? Does the PC have a need for TA?			
Issues of Special Importance - *– These are topics, issues, activities that are part of the Division's priorities for the current grant year. Questions in this section will change from one year to next.*	Recipient and Planning Council Workplans. HRSA policy notices NOFO HRSA Guidance letters NOA	*This section may change for one year to the next.*	Recipient and PC Workplans include relevant activities.	Legislation Policy Notices NOFO	☐ MET ☐ NOT MET ☐ NOT APPLICABLE Notes:

Grant Year 2020 Planning Council Allocations and Expenditures Report

This report is provided in response to a PSRA directive to share monthly expenditures. Originally sent on April 20, 2021.

Summary:

- In process of closing out the 2020 Grant Year. It is normal to see higher than average bills in the final month for Primary Medical Care and Health Insurance Premiums.
- **Returning $675,575 of supplemental funds. Will request ~$399,351 as carryover** (Source: Funding Category Snapshot Chart)**.**
- Spending Analysis as of February billing:
  - Overspent in Primary Medical Care by $170,134
  - Underspent in all other service categories, ranging from $2,495 underspent for psychosocial services to $263,579 in housing)
- Reporting delays/notes: This report has about a two-month lag time due to processing time at the Administrative and Provider level. Housing was billed to the Part B Rebates for March and April and there were no Part A related housing expenses in these months. Allocation recommendations from the previous meeting have been included in this update. Expenses are still being added to Admin and QM.

Service	March	April	May	June	July	August	September	October	November	December	January	February	YTD Total	BUDGET	BUDGET - ACTUALS
Primary Medical Care	115,153	90,796	74,342	113,417	65,425	120,011	88,237	96,498	93,160	95,819	198,300	186,396	1,337,554	1,242,420	(95,134)
Medical Case Management	172,073	121,873	143,472	129,499	126,447	126,571	153,947	137,083	126,945	161,344	129,068	152,455	1,680,777	1,820,647	139,870
Early Intervention Services	38,730	28,733	40,292	40,235	36,413	26,099	38,985	27,687	43,360	42,728	35,042	45,811	455,616	480,290	24,674
Mental Health Services	6,918	5,646	8,351	7,989	5,621	5,118	5,762	8,811	6,467	7,825	9,504	10,583	88,595	96,535	7,940
Health Insurance Premiums	13,994	106,438	148,784	148,195	18,138	99,303	109,192	133,065	115,690	106,682	183,995	493,055	1,699,291	1,727,360	28,069
Medical Nutrition Services	27,424	25,014	24,268	26,876	33,939	24,792	29,111	24,716	25,722	43,180	32,366	32,573	349,981	415,566	65,585
Substance Abuse Services	1,480	1,236	1,781	1,399	1,369	1,531	1,298	2,395	1,463	1,207	1,045	1,546	17,750	20,708	2,958
Non-Medical Case Management	99,302	76,456	82,930	92,458	82,387	86,156	112,340	89,828	87,924	102,842	84,598	94,436	1,091,657	1,231,289	139,632
Medical Transportation Services	17,108	7,917	8,906	10,841	7,752	7,873	11,001	10,474	8,282	9,929	9,424	9,744	119,251	182,133	62,882
Food Bank Meals	8,965	9,020	9,405	9,020	-	-	-	36,410	39,820	53,240	53,020	58,580	277,480	281,505	4,025
Housing	-	-	38,395	66,387	68,068	70,937	61,473	74,802	59,227	60,000	39,132	55,000	593,421	857,000	263,579
Psychosocial	3,984	3,994	6,294	3,710	4,124	3,948	4,514	5,788	3,879	6,593	4,091	6,819	57,738	60,233	2,495
ADAP												500,000	500,000	500,000	-
Total Direct Services	**505,131**	**477,123**	**587,220**	**650,026**	**449,683**	**572,339**	**615,860**	**647,557**	**611,939**	**691,389**	**779,585**	**1,646,998**	**8,269,111**	**8,915,686**	**646,575**
Admin Agent	*36,974*	*43,140*	*72,305*	*74,154*	*39,084*	*61,883*	*63,176*	*55,696*	*67,946*	*87,477*	*80,248*	*147,883*	**829,966**	*823,619*	*(6,347)*
Quality Management	*15,886*	*15,744*	*20,498*	*14,432*	*12,851*	*15,269*	*15,034*	*14,923*	*23,031*	*16,446*	*15,618*	*17,323*	**197,055**	*215,000*	*17,945*
Planning Council	*-*	*201*	*17,039*	*26,184*	*-*	*13,068*	*12,612*	*10,382*	*7,979*	*7,603*	*5,803*	*37,380*	**138,251**	*155,652*	*17,401*
Total Admin Expenditures	*52,860*	*59,086*	*109,842*	*114,770*	*51,935*	*90,220*	*90,821*	*81,001*	*98,956*	*111,526*	*101,669*	*202,586*	**1,165,271**	**1,194,271**	**29,000**
Total Monthly Expenditure	**557,991**	**536,209**	**697,062**	**764,796**	**501,618**	**662,559**	**706,681**	**728,558**	**710,895**	**802,915**	**881,254**	**1,849,584**	**9,434,382**	**10,109,957**	**675,575**

Funding Category	Award Amount	Expenditure Categories	Expenses (through February 2021)	Year End Costs (Based on 12 months of billed items, as of 4/12/21.)		
				#1 Projection	Total Estimated Unobligated	Allowable Carryover
Part A Carryover	300,170.00					
Part A Formula	6,133,013.00	**Admin Exp**	1,165,271.00	1,165,271.00		
Part A Supplemental	3,040,543.00	**Direct Exp**	7,725,581.00	7,725,581.00		306,650.00
Part A Total	**9,473,726.00**		**8,890,852.00**	**8,890,852.00**	**582,874.00**	**306,650.00**
		Must Spend	*6,126,496.00*			
MAI Carryover	17,070.00					
MAI	619,161.00	Direct	543,530.00	543,530.00		
MAI Total	**636,231.00**		**543,530.00**	**543,530.00**	**92,701.00**	**92,701.00**
Grant Total	**10,109,957.00**		**9,434,382.00**	**9,434,382.00**	**675,575.00**	**399,351.00**

Final Allocations Recommendations for Grant Year 2020-2021:

GY20 Recommendations:
Since the February 2021 Planning Council meeting, there has been an increased demand for Primary Medical Care and Health Insurance Premium services. These categories billed at a higher rate than expected. The Part A Office recommends the following, which may be submitted with a prior approval request:

Increase Primary Medical Care by $95,133.76

Decrease of $95,133.76 split among:
　　　Medical Case Management by $3,048.93
　　　Mental Health Services by $4,095.43
　　　Health Insurance Premiums by $21,780.56
　　　Medical Nutrition Services by 65,584.79
　　　Substance Abuse Services by 624.05

Grant Year 2020 Table of All Reallocation Recommendations

Part A Service	BUDGET	Reallocation December	Reallocation February	Reallocation Year End	Revised Budget
Primary Medical Care	1,492,420	(132,000.00)	(118,000.00)	95,133.76	1,337,553.76
Medical Case Management	1,661,696	(289,000.00)	124,000.00	(3,048.93)	1,493,647.07
Early Intervention Services	534,290	(80,000.00)	26,000.00		480,290.00
Mental Health Services	96,535			(4,095.43)	92,439.57
Health Insurance Premiums	1,527,360		200,000.00	(21,780.56)	1,705,579.44
Medical Nutrition Services	415,566			(65,584.79)	349,981.21
Substance Abuse Services	16,708	4,000.00		(624.05)	20,083.95
Non-Medical Case Management	1,007,742	(153,000.00)	118,000.00		972,742.00
Medical Transportation Services	182,133				182,133.00
Food Bank Meals	131,505	150,000.00			281,505.00
Housing	1,207,000		(350,000.00)		857,000.00
Psychosocial	6,500				6,500.00
ADAP		500,000.00			500,000.00
Total Part A Direct Services	**8,279,455**	-	-		**8,279,455**
MAI Service					
Medical Case Management	323,951				323,951.00
Non-Medical Case Management	258,547				258,547.00
Psychosocial	53,733				53,733.00
Total MAI Direct Services	**636,231**	-	-		**636,231**
Total Direct Services	**8,915,686**	-	-		**8,915,686**
Admin Agent	*823,619*				823,619.00
Quality Management	*215,000*				215,000.00
Planning Council	*155,652*				155,652.00
Total Monthly Expenditure	**10,109,957**	-	-		**10,109,957**

Supplemental Allocations Information:

Penalties:

Must spend at least $5,826,362 ($6,133,013 Formula Award * 95%) of the formula funds to ensure that there is no penalty to the EMA. If there is a penalty the program will not be eligible for supplemental funds in the following year. Funding grant year is March 2020 to February 2021.

Grant Award Funding Categories	Amount Awarded	Comment
Carryover	$ 300,170 $ 17,070	Formulary Funds MAI (Minority AIDS Initiative) Funds
MAI (Minority AIDS Initiative)	$ 619,161	Up to 100% of unused funding can be requested for carryover.
Formula	$6,133,013	Based on number of people diagnosed and living with HIV in jurisdiction. This is on the only category counted towards the penalty. The formula includes administrative, quality, planning council and direct service costs. Up to 5% of the formula funds can be requested in carryover. The key amount to spend is $5,826,362 (95%).
Supplemental	$3,040,543	Based on grant scores and supplemental information. Return unused funding at the end of the current grant year. **Not eligible to apply for carryover if formula funding is underspent.
Total	$10,109,957	

<u>**Supplemental Allocations Information:**</u>

Part A Additional Spending and Attempts:
- **Primary Medical Care and Health Insurance Premiums and Cost sharing:** The last two months of the grant year had higher than average billings.
- **Housing:**
  - <u>Client and Planning Council identified need:</u> 1 of 3 top client concerns identified in the May 2020 CARES. Emergency and housing assistance needs identified as need at the November 17th Planning Council housing work group.
  - Procured a new housing and emergency financial assistance contract to support CARES work with the option that additional costs could be billed to Part A. Due to payer of last resort requirements, costs are coming in lower than anticipated. Procurement took 1.5 months longer to than originally planned.
  - Rolled out an emergency housing voucher program in February. This is on pause while policies are being revised. Intend to re-open in May.
  - Rolled out a streamlined rental assistance program in late December.
    - Need:
      - HOPWA presented a wait lists of 700+ people for TBRA (tenant based rental assistance) with no increased city support planned for 2020. Almost 300 of these clients are currently Ryan White eligible.
      - The CDC COVID related eviction moratorium ends on December 31, 2020.
    - Program Summary
      - Identified list of eligible clients that previously applied for housing assistance. Staff called clients to let them know about the program and encouraged clients to connect with their case manager to apply.
      - Case Managers helped ensure clients are eligible, help collect documents and make referral to SAAF for payment assistance.
        - Case Managers may also refer clients for food voucher services.
      - Once approved SAAF to make payments on client's behalf.
        - Up to 5 months of back pay may be approved. More months will require a special request.
    - Eligible clients:
      - Are currently Ryan White eligible.
      - Must submit a 1-page application plus policy notice signatures.
      - Copy of lease, W-9, notice of payment due and ROI for landlord are required.
    - Next Steps:
      - Currently have up to $300,000 that can be spent on this service category in this grant year. Working on an amendment which would increase available funding.
- **Foodbank**:
  - <u>Client identified need:</u> 1 of 3 top client concerns identified in the May 2020 CARES survey.
  - Increased voucher amounts from $50 to $100 a month. Increased enrollment from 300 clients earlier in the pandemic, to almost 500 clients a month.
  - <u>Planning Council request</u> for additional funds for single parent families. Estimated approximately 15-20 single parent families that would benefit from this increase.
- **Emergency Financial Assistance**

- o <u>Client identified need:</u> 1 of 3 top client concerns identified in the May 2020 CARES survey.
- o Established new contract with CARES funding. May become a Part A need, though currently has low expenditures due to payer of last resort requirements and previously existing CARES funding in the community.
- o In December 2020, developed and implemented a streamlined emergency financial assistance to identify and refer clients for utility assistance.

- **Dental Services:**
  - o <u>Planning Council recommended increase.</u>
  - o Reduced the limit to $1,500 at the beginning of the grant year. Have been allowing and encouraging dental exception requests (up to $5,000) throughout the grant year. Increased limit to $5,000 in November 2020.
    - Currently, $118,500 of services have been provided above the $1,500 cap. At least $53,500 was provided for services between March and October. Additional $65,000 has been billed in November and December.

- **Medical Case Management and Non-Medical Case Management:**
  - o <u>Planning Council recommended increase.</u>
  - o Funded 3 additional case management positions this year.

- **ADAP:**
  - o <u>Planning Council recommended increase.</u>
  - o Completed an IGA with ADHS to pay for ~$500,000 in ADAP medications.

WORKGROUP GOALS

Identify, discuss and recommend models for housing that best meet the needs of RWPA clients that are experiencing unstable housing

Develop a set of recommendations for CHPS to forward to Planning Council

Identify issues that need further review and analysis to determine best practices

THE PLANNING COUNCIL APPROVED 5 RECOMMENDATIONS IN DECEMBER 2020

1. Engage consumers to provide feedback (e.g. include housing questions in future comprehensive needs assessment) on the most effective services or other reasons that assist them n achieving stability in housing and the barriers they have experienced in achieving stable housing.

2. Obtain information from current RWPA providers on what has helped their unstably housed individuals obtain housing and what housing and support services are most helpful to their clients. This information will be collected during the 2020 administrative site visits being conducted by the RWPA office by March, 2021. Ensure that information is obtained from other key housing stakeholders in the EMA (i.e. HOPWA Housing Information Specialist).

THE PLANNING COUNCIL APPROVED 5 RECOMMENDATIONS IN DECEMBER 2020 (CONTINUED)

3. Request the Administrative Agent to provide available options for providing Emergency Housing Services and other housing models utilizing current available funds in 2020 and 2021.

4. Request the Planning Council review PSRA Priorities to determine if Housing Services should be reprioritized during the next PSRA session in July,2021

5. Identify a mechanism to engage the EMA's housing stakeholders, in discussions of developing a mechanism for regular dialogue and communication between the housing stakeholders and the community to ensure that the community stays updated on HOPWA and other subsidized resources and utilization.

RECOMMENDATION 1: ENGAGE CONSUMERS TO PROVIDE FEEDBACK (E.G. INCLUDE HOUSING QUESTIONS IN FUTURE COMPREHENSIVE NEEDS ASSESSMENT) ON THE MOST EFFECTIVE SERVICES OR OTHER REASONS THAT ASSIST THEM IN ACHIEVING STABILITY IN HOUSING AND THE BARRIERS THEY HAVE EXPERIENCED IN ACHIEVING STABLE HOUSING.

Actions to Date:

- Survey of Project HHHome Participants Southwest Behavioral Health)

- Webinar on Housing and Housing Advocacy for PLWH to educate the participants on issues related to housing and how to advocate individually and as a group to improve community housing status. (Valleywise Health)

- Brainstorming session on issues affecting Aging PLWH. Housing and Homeless was a major issue identified by aging adults living with HIV.(Valleywise Healthy Aging Group)

- PLWH will be recruited to participate in ongoing ad hoc workgroups that will address issues related to housing. First meeting of this workgroup will be May 2021 and will meet quarterly. (Planning Council)

RECOMMENDATION 1: ACTIONS TO DATE (CONTINUED)

- Questions have been included in the 2021 Statewide Needs Assessment to obtain data related to housing status and consumer feedback on the most important components of housing assistance. (RWPA and RWPB)

- A point in time survey will be conducted in May 2021 by RWPA Case Managers to obtain client feedback on housing gaps and needs. (RWPA Case Management Agencies)

- Meetings will be held with RWPC Consumer Advisory Group, Healthy Aging Group and Women's Group to obtain additional consumer input related to Housing gaps and needs.(RWPC and RWPD)

RECOMMENDATION 2: IDENTIFY A MECHANISM TO ENGAGE THE EMA'S HOUSING STAKEHOLDERS, IN DISCUSSIONS OF DEVELOPING A MECHANISM FOR REGULAR DIALOGUE AND COMMUNICATION BETWEEN THE HOUSING STAKEHOLDERS AND THE COMMUNITY TO ENSURE THAT THE COMMUNITY STAYS UPDATED ON HOPWA AND OTHER SUBSIDIZED RESOURCES AND UTILIZATION.

Actions To Date

- All RWPA providers were surveyed in December 2020 and January 2021 to obtain their feedback on:
  - o Their knowledge of housing resources
  - o Barriers to assisting clients in achieving stable housing
  - o Recommendations for improvements

Total of seven (7) agencies were surveyed in December 2020 and January 2021 to obtain provider feedback on how to improve Housing services

PROVIDER QUESTIONS INCLUDED:

1. Rate your agency's understanding of HOPWA housing programs in the Phoenix EMA.

2. Outside of case management assessments (if applicable), does your staff routinely ask about client's housing status while providing other core medical and support services?

3. What training would be helpful to your staff to increase their understanding of available housing services and how to refer clients applying for assistance?

4. What barriers have your clients had in accessing housing services?

5. What wraparound core medical and support services are most critical to clients as they transition from unstable housing to supportive housing services?

Phoenix EMA Housing Provider Input Summary

Provided 2/21/2021
Full report will be provided to the March 2021 CHPS Committee.

Rate Your Agency's understanding of local HOPWA programs.

3 – Average
1 - Good
3 - Very good

Housing Access Barriers

- Waiting lists and complex application processes.
- Lack of affordable housing.

What training would help?

- Regular updates for available housing resources & affordable housing.
- Staff onboarding training .

Do staff regularly ask about housing when providing other services?

Overwhelmingly yes, with one agency checking only at intake.

What wrap around services are most critical for clients transitioning from unstable to supportive housing?

- Behavioral health, with options to support sobriety, as needed.
- Intensive case management
- Job resources.
- Medical care.

RECOMMENDATION 3: REQUEST THE ADMINISTRATIVE AGENT TO PROVIDE AVAILABLE OPTIONS FOR PROVIDING EMERGENCY HOUSING SERVICES AND OTHER HOUSING MODELS UTILIZING CURRENT AVAILABLE FUNDS IN 2020 AND 2021.

- RWPA provided additional funding for Emergency Financial Assistance for Rent and Utility payments, including back rent and utilities for individuals at risk for infection due to COVID related financial hardships.

- Applications for assistance were streamlined, and all Case Management Agencies combine efforts to identify clients that needed assistance and referred these clients for assistance.

- As of February 2021, 76 clients received assistance and funding was approved for $176,674. This program is continuing in great year 2021.

RECOMMENDATION 3: ACTIONS (CONTINUED)

- RWPA approved an extension of Project HHHome funding until June 30, 2021 in order to have City of Phoenix convert 10 housing units to HOPWA funding and ensure that all remaining clients in Project HHHome are converted to HOPWA funding.

- RWPA and RWPB are researching other opportunities for emergency housing assistance, including emergency housing ie: motel or short-term rental assistance.

RECOMMENDATION 4: REQUEST THE PLANNING COUNCIL REVIEW PSRA PRIORITIES TO DETERMINE IF HOUSING SERVICES SHOULD BE REPRIORITIZED DURING THE NEXT PSRA SESSION IN JULY,2021

Action:

- The RWPA Administrative Agent will provide final 2020 housing data as part of the PSRA along with recommendations to PC re: housing gaps, needs and funding options.

RECOMMENDATION 5: IDENTIFY A MECHANISM TO ENGAGE THE EMA'S HOUSING STAKEHOLDERS, IN DISCUSSIONS OF DEVELOPING A MECHANISM FOR REGULAR DIALOGUE AND COMMUNICATION BETWEEN THE HOUSING STAKEHOLDERS AND THE COMMUNITY TO ENSURE THAT THE COMMUNITY STAYS UPDATED ON HOPWA AND OTHER SUBSIDIZED RESOURCES AND UTILIZATION.

Action: A HIV Housing Coalition will be established to meet quarterly to discuss housing issues and provide feedback to the Planning Council via the CHIPS committee.

- Proposed HIV Housing Coalition will meet in May, August, November 2021 and February 2022

- Proposed HIV Housing Coalition will include members from:
    - Every Ryan White Part A Case Management Agency
    - Workforce Development Specialist
    - HOPWA Representative
    - Emergency Housing and Rental Assistance Program
    - RWPA Administrative Agency
    - RWPB Representative
    - CHIPS Committee Representative
    - Non-Profit Housing Agency providing housing resources in Maricopa County
    - Planning Council Representative with housing expertise
    - PLWH who participate in RWPA services

HIV HOUSING COALITION WILL MEET IN MAY, AUGUST, NOVEMBER 2021 AND FEBRUARY 2022

The HIV Housing Coalition will report quarterly to the CHPS Committee, which will update the Planning Council on the recommendations.

Questions?

Thanks To the Planning Council for Your Leadership and Commitment to Improving Housing For our Community

MENTAL HEALTH SERVICES

A. DEFINITION:

Mental Health Services are the provision of outpatient psychological and psychiatric screening, assessment, diagnosis, treatment, and counseling services offered to clients living with HIV. Services are based on a treatment plan, conducted in an outpatient group or individual session, and provided by a mental health professional licensed or authorized within the state to render such services. Such professionals typically include psychiatrists, psychologists, and licensed clinical social workers.

Program Guidance:

Mental Health Services are allowable only for PLWH who are eligible to receive HRSA RWHAP services.

See also Psychosocial Support Services

B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:
- **90%** of clients receive an assessment prior to implementing the treatment plan.
- **90%** of clients have an initial written treatment plan within 30 days from the clients' first visit.
- **90%** of client assessments address primary medical care needs and make appropriate referrals as needed.
- **90%** of treatment goals are addressed in the course of Mental Health Services treatment.

Indicators:
- Number of clients attending Mental Health services who are engaged in treatment. *
- Number of clients who have addressed at least 2 treatment goals.

*Engaged=individual attends a minimum of 50% of mental health services appointments

Service Unit(s):
- Face-to-face and/or Tele-health individual level Mental Health visit
- Face-to-face and/or Tele-health group level Mental Health visit

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
Initial contact with client made within 5 business days upon referral to agency. Initial mental health appointment scheduled within 7 business days of contact with client. If service cannot be provided within these time frames, the subrecipient will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client chart documents initial client contact and initial mental health appointment in compliance with established timeframe. Documentation regarding initial contact or initial mental health appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts Number of compliant client charts	Number of clients referred to mental health services.	Client Files CAREWARE	90% of client charts have documentation of contact made with client within 5 business days of referral. 90% of client charts have documentation of scheduled mental health appointment within 7 business days of contact with client
Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A comprehensive assessment including the following will be completed within seven (7) business days of initial mental health appointment or no later than the third counseling session: • Presenting Problem • Developmental/Social history	Documentation in client record, which must include DSM-V diagnosis or diagnoses, utilizing at least one Axis code.	Number of new client charts with assessment completed within 7 business days of intake	Number of new clients	Client Files CAREWARE	90% of new client charts have documented comprehensive assessments initiated within seven (7) business days of intake.

- Social support and family relationships
- Medical history
- Substance abuse history
- Psychiatric history
(including perceptual disturbances, obsessions/compulsions, phobias, panic attacks)
- Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies) Cognitive assessment (level of consciousness, orientation, memory and language)
- Psychosocial history (Education and training, employment, Military service, Legal history, Family history and constellation, Physical, emotional and/or sexual abuse history, Sexual and relationship history and status, Leisure and recreational activities, General psychological functioning).

A treatment plan must be completed that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A treatment plan shall be completed within 90 days that is specific to individual client needs. The treatment plan shall be reviewed at least every 180 days.The	Documentation in client's file.	Number of client charts with completed treatment plans within 90 days of first visit	Number of clients	Client Files CAREWARE	90% of client charts will have documentation of a completed treatment plan within 90 days of first visit.

treatment plan shall be prepared and documented for each client. Individual, and family case records will include documentation of the following: Client's presenting issue Identification of entities to provide all services Signature of client or guardian Signature and title of behavioral health professional and date completed Two or more treatment goals One or more treatment methods Frequency of treatment sessions Projected treatment end date Education on relapse prevention				

Progress notes are completed for every professional counseling session and must include: Client name Session date Observations Focus of session Interventions Assessment Duration of session Treatment Type (Individual, Family, or Group) Treatment Goals Addressed Counselor authentication, in accordance with current accreditation or state standards.	Legible, signed and dated documentation in client record.	Number of client charts with progress notes	Number of clients	Client Files CAREWARE	90% of client charts will have documented legible, signed and dated progress notes.
Discharge summary will be documented in the client file and must include: Circumstances of discharge Summary of needs at admission Summary of services provided Goals completed during counseling Discharge plan Counselor authentication, in accordance with current accreditation or state standards.	Documentation in client's record.	Number of discharged clients	Number of clients	Client Files CAREWARE	90% of client charts have documentation of discharge summary.

Clients accessing Psychiatric care are medically adherent and are engaged in their psychiatric treatment plans.	Clients are assessed for psychiatric care and when engaged in psychiatric care, are medically adherent.	Number of psychiatric clients	Number of clients	Client Files CAREWARE Agency Policy and Procedure Manual	90% of clients accessing psychiatric care are medically adherent and are engaged in their psychiatric treatment plans.
Initial psychiatric appointment scheduled within 7 business days of contact with client.	Client chart documents initial client contact and initial psychiatric appointment in compliance with established timeframe. Documentation regarding initial contact or initial psychiatric appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts	Number of clients referred to psychiatric services.	Client Files CAREWARE	90% of client charts have documentation of scheduled psychiatric appointment within 7 business days of contact with client
Mental Health Service clients are assessed for engagement in HIV medical care.	Each client is assessed for engagement in HIV medical care and assisted with establishing linkages to care if not currently receiving care. Assessed initially, then re-assessed and documented twice annually.	Number of clients assessed for medical care initially and twice annually.	Number of clients	Client Files CAREWARE	90% of clients are assessed for engagement in medical care. This is assessed initially, then re-assessed and documented twice annually.

D. PERSONNEL QUALIFICATIONS

Mental Health Services must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians shall have documented unconditional licensure/certification or is supervised by a clinician who has unconditional licensure/certification in their area of practice in the State of Arizona; and

2. Subrecipients shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and

3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

E. ASSESSMENT AND SERVICE PLAN:

See applicable standards above regarding assessment and service plan requirements.

F. TRANSITION AND DISCHARGE:

Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:

Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:

Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:

Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

NON-MEDICAL CASE MANAGEMENT SERVICES

A. DEFINITION:
Non-Medical Case Management Services (NMCM) is the provision of a range of client-centered activities focused on improving access to and retention in needed core medical and support services. NMCM provides coordination, guidance, and assistance in accessing medical, social, community, legal, financial, employment, vocational, and/or other needed services. NMCM Services may also include assisting eligible clients to obtain access to other public and private programs for which they may be eligible, such as Medicaid, Children's Health Insurance Program, Medicare Part D, State Pharmacy Assistance Programs, Pharmaceutical Manufacturer's Patient Assistance Programs, Department of Labor or Education-funded services, other state or local health care and supportive services, or private health care coverage plans. NMCM Services includes all types of case management encounters (e.g., face-to-face, telehealth, phone contact, and any other forms of communication).

Allowable activities include:
• Initial assessment of service needs
• Development of a comprehensive, individualized care plan
• Timely and coordinated access to medically appropriate levels of health and support services and continuity of care
• Client-specific advocacy and/or review of utilization of services
• Continuous client monitoring to assess the efficacy of the care plan HIV/AIDS BUREAU POLICY 16-02 21
• Re-evaluation of the care plan at least every 6 months with adaptations as necessary
• Ongoing assessment of the client's and other key family members' needs and personal support systems

Program Guidance:
NMCM Services have as their objective providing coordination, guidance and assistance in improving access to and retention in needed medical and support services to mitigate and eliminate barriers to HIV care services, whereas Medical Case Management Services have as their objective improving health care outcomes.

B. INTAKE AND ELIGIBILITY:

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.**
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- 90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.

Indicators:

- Number of client charts that have documentation of access to primary medical care and other needed community services

Service Unit(s):

- Number of clients accessing Non-Medical Case Management services

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
Central Eligibility: Central Eligibility Services will be provided to all individuals presenting for Ryan White Part A services, to determine eligibility and individual client referral needs.	New or returning to care clients: Client chart documents an intake assessment, with offered referrals to medical case management services. Returning to care is defined as a client who has not seen a medical provider in 6 or more months. Renewing clients: Client chart documents that appropriate referrals were made based on identified client needs.	Number of compliant client charts Number of compliant client charts	Number of clients Number of clients	Client Files CAREWARE	90% of client charts reviewed demonstrate support of the clients' health by increasing access to services and/or resources necessary to reduce barriers to care.
Client Contact, Identification of Resources and Referrals: Initial, client contact with the non-medical case manager will be initiated by client request or referral	Client chart documents that initial contact with client was made within 5 business days. Client chart documents that Non-Medical Case Management service occurred within 10 days of initial contact. Client's chart documents circumstances regarding why contact with client did not occur within established timeframe.	Number of compliant client charts Number of compliant client charts	Number of clients Number of clients	Client Files CAREWARE Client Files CAREWARE	90% of clients contacted within 5 business days of client request or referral. 90% of client charts documents service occurred within 10 days of initial contact or circumstances why contact did not occur.
	Client chart documents the identification of applicable resources, that the client was informed of those resources, and the provision of appropriate referral/interventions.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts document the identification of applicable resources, client was informed of those resources and the provision of appropriate referral/interventions.

	Client chart contains documentation of: • Date of each encounter • Type of encounter (e.g. face to face, telephone etc.) • Duration of encounter • Client's request and disposition of request • Key activities, including interventions and referral services.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of client charts contain appropriate documentation.
Supervisor Review: Supervisor completes a monthly review of a sample of client charts to ensure all required record components are present.	The supervisor will sign and date each client record reviewed and maintain a record of all charts reviewed. At a minimum, the sampling methodology will either comply with HIVQUAL standards or equal 20% of all client charts for each month.	Number of compliant client charts	Number of clients	Client Files CAREWARE	90% of sampled client charts reviewed by supervisor.

D. PERSONNEL QUALIFICATIONS:
1. Non-Medical Case managers will have a Bachelor's Degree in a licensed field or 3 years of experience.
2. Case Management Supervisors will have a Master's Degree in Social Work or comparable human service field and minimum 2 years of experience in direct service or case management **OR** Bachelor's Degree in Social Work or comparable human service field and minimum of 4 years of experience in direct service or case management **OR no degree and a minimum of 8 years of experience in direct service or case management**.

E. ASSESSMENT AND SERVICE PLAN:
   Not Applicable

F. TRANSITION AND DISCHARGE:
Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:
Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the client's rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
Each Subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:
Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:
Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:
Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

OUTPATIENT AMBULATORY HEALTH SERVICES

A. DEFINITION:

Outpatient/Ambulatory Health Services provide diagnostic and therapeutic-related activities directly to a client by a licensed healthcare provider in an outpatient medical setting. Outpatient medical settings may include: clinics, medical offices, mobile vans, using telehealth technology, and urgent care facilities for HIV-related visits.

Allowable activities include:
- Medical history taking
- Physical examination
- Diagnostic testing (including HIV confirmatory and viral load testing), as well as laboratory testing
- Treatment and management of physical and behavioral health conditions
- Behavioral risk assessment, subsequent counseling, and referral
- Preventive care and screening
- Pediatric developmental assessment
- Prescription and management of medication therapy
- Treatment adherence
- Education and counseling on health and prevention issues
- Referral to and provision of specialty care related to HIV diagnosis, including audiology and ophthalmology

Program Guidance:

Treatment adherence activities provided during an Outpatient/Ambulatory Health Service visit are considered Outpatient/Ambulatory Health Services, whereas treatment adherence activities provided during a Medical Case Management visit are considered Medical Case Management services.

Non-HIV related visits to urgent care facilities are not allowable costs within the Outpatient/Ambulatory Health Services Category.

Emergency room visits are not allowable costs within the Outpatient/Ambulatory Health Services Category.

B. INTAKE AND ELIGIBILITY:

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:
1. **Proof of HIV diagnosis**. Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level**.
3. **Proof of residency in Arizona**, must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility, but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addenda uploaded to approved data system. Most recent copy on www.azadap.com.
7. OAHS subrecipients demonstrate at regular intervals the availability to offer three different options for initial medical appointments within 15 days of a new client's request or referral

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:
- 90% of retained OAHS clients will demonstrate viral suppression (<200)
- 90% of OAHS clients are retained in care as demonstrated by one medical appointment in the first six months and one medical appointment in the second six months in the measurement period at least 90 days apart, or as evidenced by the most recent viral load in the measurement period showing achievement of viral suppression.

Indicators:
- Number of clients retained in OAHS

Service Unit(s): OAHS visits in CAREWare

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
All HIV infected patients receiving medical care shall have an initial comprehensive medical evaluation/assessment and physical examination. The comprehensive assessment/evaluation will be completed by the MD, NP, PA or DO in accordance with professional and established HIV practice guidelines (www.HIV.gov) within 15 days of initial contact with the patient. Treatment shall be offered and delivered according to most recent Health and Human Services (HHS) guidelines for the treatment of people with HIV/AIDS.	Clients have HIV viral loads monitored every 6 months.	Number of clients with 2 or more HIV viral loads annually.	Number of clients in measurement period.	CAREWare or chart audits.	85% of clients have 2 or more HIV viral loads annually.
	Clients will receive a health assessment and comprehensive physical exam including a mental health assessment that includes screening for clinical depression and a substance use history.	Number of clients offered and/or prescribed ART.	Number of Clients.		85% of clients will receive a health assessment and comprehensive physical exam including a mental health assessment within 15 days of initial contact that includes screening for clinical depression and a substance use/abuse history.
	All newly diagnosed clients will receive an HIV drug resistance test.	Number of clients with medical visits every 6 months.			85% of newly diagnosed clients will receive an HIV drug resistance test.
	Clients who meet current guidelines for ART are offered and/or prescribed ART.	Number of clients offered and/or prescribed ART.	Number of clients who meet guidelines.		100% of clients who meet current guidelines for ART are offered and/or prescribed ART.
	Clients with a CD4 count below 200 who are evaluated and/or prescribed PCP prophylaxis.	Number of clients with CD4 counts <200 who are evaluated and/or prescribed PCP prophylaxis.	Number of clients with CD4 count below 200 in the measurement period.		85% of clients with a CD4 count below 200 who are evaluated and/or prescribed PCP prophylaxis.
	Clients with a CD4 count below 50 who are evaluated and/or prescribed MAC prophylaxis.	Number of clients with CD4 counts <50 who are evaluated and/or prescribed MAC prophylaxis.	Number of clients with CD4 count below 50 in the measurement period.		85% of clients with a CD4 count below 50 who are evaluated and/or prescribed MAC prophylaxis.

Basic laboratory tests are ordered per HHS guidelines.	Clients' medical record document the following screenings:			CAREWare or chart audits.	
	Clients on ART receive lipid screens annually;	Number of clients on ART with annual lipid screen;	Number of clients on ART;		85% of clients on ART receive lipid screens annually.
	Clients receive syphilis screens annually;	Number of clients with annual syphilis screen;	Number of clients;		85% of clients receive syphilis screens annually.
	Clients receive Chlamydia screening annually;	Number of clients with annual Chlamydia screening;	Number of clients;		85% of clients receive Chlamydia screens annually.
	Clients receive gonorrhea screening annually;	Number of clients with annual gonorrhea screening;	Number of clients;		85% of clients receive gonorrhea screens annually
	Clients receive Hepatitis A, B & C screens if not immune and then annually for high-risk individuals;	Number of clients with hepatitis screens as indicated;	Number of clients needing hepatitis screens as indicated;		85% of clients receive Hepatitis A, B & C screens if not immune and then annually for high-risk individuals.
	Clients receive a TB screen at initial HIV diagnosis, then annually for high-risk individuals, as determined by their medical provider.	Number of clients with annual TB screen;	Number of clients.		85% of clients receive TB screens at least once since diagnosis.
	Female clients receive pap smears annually.	Number of female clients with annual pap.	Number of female clients.		85% of female clients receive pap smears annually.

A hepatitis C (HCV) protocol is in place for clients testing positive for hepatitis C.	All clients with hepatitis C will be evaluated or referred for evaluation of treatment suitability.	Number of hepatitis C clients evaluated for treatment.	Number of clients with hepatitis C.	Client charts.	85% of clients will have a document evaluation or referral for treatment suitability.
Clients are offered immunizations or have documentation of decline of immunizations.	Documentation that clients receive vaccinations according to current standards (or document decline): • Influenza • Pneumococcal as Appropriate • Completion of hepatitis A vaccines series, unless otherwise documented as immune. • Completion of hepatitis B vaccines series, unless otherwise documented as immune. • Tetanus • HPV as appropriate • Varicella • MMR • Shingles	Number of clients with influenza vaccine. Number of clients with pneumococcal vaccine. Number of clients with hepatitis A vaccine series completed. Number of clients with hepatitis B vaccine series completed. Number of clients with Tetanus vaccine. Number of clients with HPV vaccine. Number of clients with Varicella vaccine. Number of clients with MMR vaccine. Number of clients with Shingles vaccine.	Number of clients. Number of clients needing pneumococcal vaccine. Number of clients. Number of clients. Number of clients. Number of clients needing HPV vaccine Number of clients. Number of clients. Number of clients.	CAREWare or client charts.	85% of clients receive vaccinations according to current standards (or document decline): • Influenza • Pneumococcal as appropriate • Completion of hepatitis A vaccine series, unless otherwise documented as immune. • Completion of hepatitis B vaccines series, unless otherwise documented as immune. • Tetanus • HPV as appropriate • Varicella • MMR • Shingles

Assessment of treatment adherence and counseling, which adhere to current HHS guidelines.	Documentation that clients are assessed for treatment adherence and counseling at a minimum of twice a year.	Number of clients on ART with treatment assessment minimum of twice a year.	Number of clients on ART.	Client Charts	85% of charts with assessment of treatment adherence documented at a minimum of twice a year.
	If adherence issue is identified, follow-up action is documented.	Number of clients with adherence issues have follow-up.	Number of clients with adherence issues.		85% of charts document follow-up action if adherence issue is identified.
	Documentation of missed client appointments and efforts to bring the client into care.	Number of documented missed appts and efforts to bring clients into care.	Number of clients with missed appts.		85% of documented missed client appointments and efforts to bring the client into care.
Clients are assessed for risk behaviors and receive risk reduction counseling to reduce secondary transmission of HIV.	Charts document a risk behavior assessment and clients receive risk reduction counseling.	Number of clients with risk reduction counseling.	Number of clients.	Client charts	85% of charts document a risk behavior assessment and clients receive risk reduction counseling.
Clients are screened and receive tobacco cessation counseling annually (or document decline).	Charts document screening for tobacco product use and cessation counseling (or document decline).	Number of clients with tobacco cessation counseling.	Number of clients.	Client charts	85% of clients are screened and receive tobacco cessation counseling annually (or document decline).

D. PERSONNEL QUALIFICATIONS:

Outpatient/Ambulatory Health Services must be provided by trained licensed or certified health care workers to include:

1. Individual clinicians (M.D., D.O., P.A., N.P., R.N., L.P.N.) shall have documented unconditional licensure/certification in their area of practice; and

2. Subrecipient's shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and

3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

   (AA's office to return with options for certification costs)

E. ASSESSMENT AND SERVICE PLAN
   Not Applicable

F. TRANSITION AND DISCHARGE
   Each Subrecipient providing services has a Transition and Discharge policy in place and on file. The reason for Transition or Discharge must be properly documented in each client file.

G. CASE CLOSURE PROTOCOL:
   Each Subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
   Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each Subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
   Each Subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the

client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. Recertification Requirements:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

PSYCHOSOCIAL SERVICES

A. Definition:

Psychosocial Support Services provide group or individual support and counseling services to assist HRSA RWHAP-eligible PLWH to address behavioral and physical health concerns. Activities provided under the Psychosocial Support Services may include:
- **Bereavement counseling**
- **Caregiver/respite support (HRSA RWHAP Part D)**
- **Child abuse and neglect counseling**
- **HIV support groups**
- **Nutrition counseling provided by a non-registered dietitian (see Medical Nutrition Therapy Services)**
- **Pastoral care/counseling services**

Program Guidance:

Funds under this service category may not be used to provide nutritional supplements (See Food Bank/Home Delivered Meals). HRSA RWHAP-funded pastoral counseling must be available to all eligible clients regardless of their religious denominational affiliation. HRSA RWHAP Funds may not be used for social/recreational activities or to pay for a client's gym membership. For HRSA RWHAP Part D recipients, outpatient mental health services provided to affected clients (people not identified with HIV) should be reported as Psychosocial Support Services; this is generally only a permissible expense under HRSA RWHAP Part D.

B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources.** At minimum, includes AHCCCS determinations for clients under

150% of the federal poverty level and screening for other insurance programs, as applicable.

5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.

6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:

- **90%** of client charts have documentation that primary care discussions are taking place as part of regularly offered services at least quarterly.
- **100%** of out of care clients are offered a referral to Outpatient/Ambulatory Health Services.

Indicators:

- Number of clients accessing Psychosocial Services

Service Unit(s):

- An individual's attendance at a Face-to-face and/or Virtual Support Group meeting.

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
Staff or volunteers providing psychosocial support will include discussions about access and engagement in primary care in individual and/or group discussions, at a minimum quarterly.	Documentation in client's file.	Number of clients who attend individual and/or group session(s).	Number of clients who attend individual and/or group session(s).	Client Files	75% of client charts have documentation that primary care discussions are taking place as part of regularly offered services, at a minimum quarterly. 100% of out of care clients are offered a referral to outpatient/ambulatory medical care.
Clients participating in psychosocial services will have completed a post session survey	Completed post session surveys	Number of clients who have a completed post session survey	Number of clients who attend individual and/or group session(s)	Client Surveys	75% of clients participating in psychosocial services will have completed a post session survey.
Documentation of topic of discussion is included with sign in sheet for support groups held by provider agency.	Documentation in logbook /support group log.	Number of support groups held with documentation of topic with sign in sheet	Number of support groups held	Agency Files	100% of support group logs reflect documentation of topic with the sign in sheet.

D. PERSONNEL QUALIFICATIONS:
Psychosocial Support Services Personnel will have a high school diploma or equivalent **AND** a minimum of 2 years of related experience and/or identifies as a member of an affected population.

E. ASSESSMENT AND SERVICE PLAN:
Not Applicable

F. TRANSITION AND DISCHARGE:
Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:
Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:
Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:
Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility,

should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at lease every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

Substance Abuse Outpatient Care

A. DEFINITION:

Substance Abuse Outpatient Care is the provision of outpatient services for the treatment of drug or alcohol use disorders. Activities under Substance Abuse Outpatient Care service category include:

• Screening
• Assessment
• Diagnosis, and/or
• Treatment of substance use disorder, including:
    o Pretreatment/recovery readiness programs
    o Harm reduction
    o Behavioral health counseling associated with substance use disorder.
    o Outpatient drug-free treatment and counseling
    o Medication assisted therapy.
    o Neuro-psychiatric pharmaceuticals
    o Relapse prevention

Program Guidance:

Acupuncture therapy may be allowable under this service category only when, as part of a substance use disorder treatment program funded under the RWHAP, it is included in a documented plan. Syringe access services are allowable, to the extent that they comport with current appropriations law and applicable HHS guidance, including HRSA- or HAB-specific guidance.

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B. INTAKE AND ELIGIBILITY

Clients seeking Ryan White A, B, and ADAP services must be determined "eligible" under the Arizona statewide criteria. Arizona has a RWISE (Ryan White Integrated Statewide Eligibility) status for Ryan White Parts A and B HIV Care Services and a separate ADAP eligibility status. The eligibility requirements are mostly the same. Any differences in Part A eligibility requirements will be outlined in this document and reinforced in the Arizona Ryan White Parts A, B, and ADAP Application Processing Guide.

To be or remain eligible and billable to Part A, B, or ADAP, a client must meet and have on file verification of the following conditions:

1. **Proof of HIV diagnosis.** Collected once at start of Ryan White services.
2. **Household income under 400% of the federal poverty level.** Some services may have lower income thresholds as outlined in the Ryan White Part A Planning Council's Menu of Services.
3. **Proof of residency in Arizona,** must be outside Maricopa and Pinal Counties for Part B clients.
4. **Screening and documentation for applicable payer sources**. At minimum, includes AHCCCS determinations for clients under 150% of the federal poverty level and screening for other insurance programs, as applicable.
5. **HIV labs** from the past 6 months. Viral load labs are mandatory. CD4 labs are not required for eligibility but are included in RSR reporting.
6. **Completed Arizona Ryan White and ADAP Application** in English or Spanish, required support documentation and required addendums. Most recent copy on www.azadap.com.

C. KEY SERVICE COMPONENTS AND ACTIVITIES:

Program Outcome:
- **90%** of clients receive an assessment prior to implementing the treatment plan.
- **90%** of clients have an initial written treatment plan within 30 days from the clients' first visit.
- **90%** of client assessments address primary medical care needs and make appropriate referrals as needed.
- **90%** of treatment goals are addressed in the course of Substance Use treatment.
- **70%** of clients show decreased drug use frequency or adoption of harm reduction strategies in a 6-month time frame demonstrated through self-report.

Indicators:
- Number of clients attending Substance Use services who are engaged in treatment. *
- Number of clients who have addressed at least 2 treatment goals.

*Engaged=individual invested in treatment and attends a minimum of 50% of substance abuse services appointments

Service Unit(s):
- Face-to-face and/or Tele-health Individual level Treatment Session (An individual visit where the Treatment Plan is discussed)
- Face-to-face and/or Tele-health Group Level Treatment Session (A group counseling session)
- Face-to-face Medication Assisted Treatment Visit (A visit where medication for substance abuse treatment is dispensed)

Standard of Care	Outcome Measure	Numerator	Denominator	Data Source	Goal/Benchmark
Initial contact with client made within 5 business days upon referral to agency. Initial Substance Use treatment appointment scheduled within 7 business days of contact with client. If service cannot be provided within these time frames, the subrecipient will offer to refer the client to another organization that can provide the requested services in a timelier manner.	Client chart documents initial client contact and initial Substance Use treatment services appointment in compliance with established timeframe. Documentation regarding initial contact or initial Substance Use treatment services appointment not in compliance with established timeframe exists per agency policy.	Number of compliant client charts Number of compliant client charts Number of compliant client charts	Number of clients referred to substance use treatment services.	Client Files CAREWARE	90% of client charts have documentation of contact made with client within 5 business days of referral. 90% of client charts have documentation of scheduled Substance Use treatment appointment within 7 business days of contact with client

Assessment will occur that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. A comprehensive assessment including the following will be completed within seven (7) business days of initial substance use treatment appointment or no later than the third counseling session: • Presenting Problem • Developmental/Social History • Social support and family relationships • Medical history • Substance abuse history • Psychiatric history (including perceptual disturbances, obsessions/compulsions, phobias, panic attacks) • Complete mental status evaluation (including appearance and behavior, talk, mood, self-attitude, suicidal tendencies) • Cognitive assessment (level of consciousness, orientation, memory, and language) • Psychosocial history (Education and training, employment, Military service, Legal history, Family history and constellation, Physical, emotional and/or sexual abuse history, Sexual and relationship history and status, Leisure and recreational activities, General psychological functioning).	Documentation in client record, which must include DSM-V diagnosis or diagnoses, utilizing at least one Axis code.	Number of new client charts with assessment completed within 7 business days of intake or no later than the third counseling session.	Number of new clients	Client Files CAREWARE	90% of new client charts have documented comprehensive assessments initiated within seven (7) business days of intake or no later than the third counseling session.

Treatment plans are developed jointly with the counselor and client and must contain all the elements set forth per that is compliant with ADHS guidelines A.A.C. Title 9 Chapter 10. The plan must also address the full range of substances the client is using. Treatment plans must be completed no later than seven (7) business days of admission and the client must be provided a copy of the plan. The treatment plan duration and review interval must be stated in the treatment plan. The process must be identified in the agency policies and procedures and must follow criteria outlined in ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice	Client chart contains documentation of client's treatment plan and that client was given a copy of the plan. Documentation of agency treatment review policies and procedures on file at site.	Number of clients with treatment plans completed no later than 7 business days after admission.	Number of clients	Client Files CAREWARE	90% of client charts have documentation of treatment plans completed no later than 7 business days after admission.
The treatment plan shall be reviewed every six months and must reflect ongoing reassessment of client's problems, needs and response to therapy.	Documentation of treatment plan review in client's file.	Number of clients with updated/reviewed treatment plans	Number of clients	Client Files CAREWARE	90% of client charts will have documentation of updated treatment plans every six months.

A client may be discharged from substance use treatment services through a systematic process that includes a discharge or case closure summary in the client's record. The discharge/case closure summary will include: • Circumstances of discharge • Summary of needs at admission • Summary of services provided. • Goals completed during counseling. • Counselor signature and credentials and date. • A transition plan to other services or provider agencies, if applicable • Consent for discharge follow up Discharge from substance use treatment services must be compliant with ADHS Board of Behavioral Health Examiners Title 4. Professions and Occupations Chapter 6. Article 11 Standards Practice	Documentation of case closure in client's record. Documentation of Reason for discharge/case closure (e.g., case closure summary).	Number of discharged clients	Number of clients	Client Files CAREWARE	90% of discharged client charts have documentation of case closure or reason for discharge.

D. PERSONNEL QUALIFICATIONS
Substance Abuse Outpatient Care must be provided by trained licensed or certified health care workers to include:
1. Individual clinicians shall have documented unconditional licensure/certification or is supervised by a clinician who has unconditional licensure/certification in their area of practice in the State of Arizona; and
2. Subrecipients shall employ clinical staff who are knowledgeable and experienced regarding their area of clinical practice as well as in HIV clinical practice. All staff without direct experience with HIV shall be supervised by one who has such experience; and
3. Staff participating in the direct provision of services to patients must satisfactorily complete all appropriate CEUs/CMEs based on individual licensure requirements.

E. ASSESSMENT AND SERVICE PLAN:
See applicable standards above regarding assessment and service plan requirements.

F. TRANSITION AND DISCHARGE:
Each Subrecipient providing services should have a Transition and Discharge protocol on file. The reason for transition or discharge must be properly documented in each client file. If a client chooses to receive services from another provider, the Subrecipient must honor the request from the client.

G. CASE CLOSURE PROTOCOL:
Each subrecipient providing services should have a case closure protocol on file. The reason for case closure must be properly documented in each client file. If a client chooses to receive services from another provider, the subrecipient must honor the request from the client. Follow the Phoenix EMA Ryan White Part A Services Program Policy on Client Transfer Process.

H. CLIENTS RIGHTS AND RESPONSIBILITIES:
Subrecipients providing services are required to have a statement of client rights and responsibilities posted and/or accessible to all clients. Each subrecipient will take all necessary actions to ensure that services are provided in accordance with the client rights and responsibilities statement and that each client understands fully their rights and responsibilities.

I. CLIENT GRIEVANCE PROCESS:
Each subrecipient must have a written grievance policy in place which provides for the objective review of client grievances and alleged violations of service standards. A signed document acknowledging receipt of the grievance policy must be included in the client's record. Clients will be informed about and assisted in utilizing this procedure and shall not be retaliated against for filing a grievance.

J. CULTURAL AND LINGUISTIC COMPETENCY:

Subrecipients providing services must adhere to the National Standards on Culturally and Linguistically Appropriate Services (CLAS). Subrecipients must complete annual CLAS training.

K. CLIENT RECORDS, PRIVACY, AND CONFIDENTIALITY:

Subrecipients providing services must comply with the Health Insurance Portability and Accountability Act (HIPAA) provisions and regulations and all federal and state laws concerning confidentiality of clients Protected Health Information (PHI). Subrecipients must have a client release of information policy in place and review the release regulations with the client before services are provided. Additional releases of information, beyond the Ryan White Release of Information required for eligibility, should be kept on file according to subrecipient policies. Information on all clients receiving Ryan White Part A funded services must be entered in the approved data system.

L. RECERTIFICATION REQUIREMENTS:

Client eligibility must be reviewed at least every six months and when there is a change to residency, income, or health insurance, per HRSA guidance. At the start of services and before the end of the client's birthday month, all residency, income, and health insurance documents will be collected and reviewed. Before the end of the client's ½ birthday month, clients must complete the ½ birthday attestation. Changes to residency, income, and/or insurance will require support documentation. Client eligibility status, HIV Diagnosis, residency, household income, initial/ongoing screening of third-party payer and HIV labs will be uploaded to the approved data system.

Who Should Attend the Arizona Community Leadership Academy?

Individuals who wish to gain new skills that can help them contribute to Arizona's efforts to end the HIV, STD and hepatitis C epidemics!
No previous leadership experience is required to participate in this program.

Topics include:
- What is leadership?
- What are the roles of leaders?
- What is expected of leaders in today's environment?
- What are more effective leadership styles?
- How can I use my new leadership skills to help End the HIV Epidemic?
- How can I tell my story and contribute to Ending the HIV Epidemic in Arizona?
- How can I work with a mentor to build my leadership skills?

The Arizona Community Leadership Academy will be held on two Saturdays January 23, 2021 and February 6, 2021 from 9:00AM to 3:00 PM. Both sessions will be held virtually on a Zoom platform. Participants should ensure that they have access to Zoom prior to the first session.

All participants will complete a pre-session mentoring call with the instructors prior to the first session to identify their personal goals for attending the Leadership Academy. Following completion of both sessions, individuals mentoring sessions will be provided to assist participants in further development of their individual leadership plans.
The Arizona Community Leadership Academy will be presented by Tom Keller, Ed.D and Rose Conner, RN, MEd.
Both instructors have extensive backgrounds mentoring leaders to improve the health and safety of their communities.

☐ I am interested in attending the Arizona Community Leadership Academy on June 5, 2021 and June 19, 2021.

Please note that there is no fee for this program. The program will be presented only in English. Breaks will be provided throughout the day to provide time for lunch and rest breaks.

Name:

Address: _____

City: _____

State: _____

Zip:

Email: _____

Phone: _____

If you would like further information, please contact Rose Conner at:

roseconner298@gmail.com

Or call Rose at: **602-525-4035**

Arizona Statewide Advisory Group
and
Phoenix EMA Ryan White Part A Planning Council

Present

Arizona's Community Leadership Academy

A program designed to build community leadership skills and contribute to Ending the HIV Epidemic in Arizona

To complete this Academy, you must attend both sessions, presented from 9:00 AM-3:00 PM on two separate days:

- Session One on June 5, 2021 and
- Session Two on June 19, 2021

2021.4.27 Planning Council

Final Audit Report   2021-07-16

Created:	2021-07-16
By:	Michael Koran (michael@collaborativeresearch.us)
Status:	Signed
Transaction ID:	CBJCHBCAABAAbtFDBpNw7WbjpQHL2lipqpz7mULOYmHP

"2021.4.27 Planning Council" History

Document created by Michael Koran (michael@collaborativeresearch.us)
2021-07-16 - 7:15:37 PM GMT- IP address: 173.174.107.132

Document emailed to Randall Furrow (randallfurrow@aol.com) for signature
2021-07-16 - 7:17:04 PM GMT

Email viewed by Randall Furrow (randallfurrow@aol.com)
2021-07-16 - 7:26:45 PM GMT- IP address: 70.185.60.163

Document e-signed by Randall Furrow (randallfurrow@aol.com)
Signature Date: 2021-07-16 - 7:29:31 PM GMT - Time Source: server- IP address: 70.185.60.163

Agreement completed.
2021-07-16 - 7:29:31 PM GMT